FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6). AND/OR UNIFORM LIMITED OFFERING EXEMPTION

	OMB	APP	R	OVA	۱L
_			_		-

OMB Number: 3235-0076 Expires: April 30, 2008

Estimated average burden hours per response..... 16.00

SEC USE ONLY							
Prefix		Serial					
DATE RECEIVED							

					1 314 223			
Name of Offering (☐ check if this is an amendment and name has Series C Preferred Stock, no par value	chang	ed, and i	ndicate	change.)	2 DECENTED LO			
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: New Filing Amendment								
A. BASI	C IDE	NTIFIC	ATION	DATA				
1. Enter the information requested about the issuer		·········				一		
Name of Issuer (□ check if this is an amendment and name has changed, and indicate change.) Management Dynamics Inc.								
Address of Executive Offices (Number and Street, City, State, Zi One Meadowlands Plaza, East Rutherford, NJ 07073					Telephone Number (Including Area Code) (201) 935-8588			
Address of Principal Business Operations (Number and Street, Ci (if different from Executive Offices)					Telephone Number (Including Area Code)			
Brief Description of Business: The company offers tariff and	contra	ct mana	gement	solution	s for the ocean transportation industry.			
Type of Business Organization ☐ corporation ☐ limited partnership already formed ☐ business trust ☐ limited partnership, to be formed		□ other	(please	specify):	· B processed			
Actual or Estimated Date of Incorporation or Organization:	M	onth	Y	ear	✓ Actual ☐ Estimated NOV 02 2005			
	1	2	8	4	MOMSON			
Jurisdiction of Incorporation or Organization: (Enter two-letter CN for Canada;								
GENERAL INSTRUCTIONS Federal: Who Must File: All issuers making an offering of securities in reliance or	ı an exe	mption un	der Regi	ılation D o	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d((6).		
When To File: A notice must be filed no later than 15 days after the first: Commission (SEC) on the earlier of the date it is received by the SEC a date it was mailed by United States registered or certified mail to that add	t the ad							
Where to File: U.S. Securities and Exchange Commission, 450 Fifth Stre	et, N.W	., Washin	gton, D.C	C. 20549.		1		
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.								
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.								
Filing Fee: There is no federal filing fee. State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.								
ATTENTION								
	AII	ENHO	. אוי					

not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

	A. BASIC IDENTIFICATION DATA
2.	Enter the information requested for the following:
•	Each promoter of the issuer, if the issuer has been organized within the past five years;
•	Each beneficial owner having power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the
	issuer,
•	Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
•	Each general and managing partner of partnership issuers.
Ch	eck Box(es) that Apply: 🗆 Promoter 💆 Beneficial Owner 💆 Executive Officer 💆 Director 🗀 General and/or Managing Partner
	l Name (Last name first, if individual) euninger, James
	siness or Residence Address (Number and Street, City, State, Zip Code) Management Dynamics Inc., One Meadowlands Plaza, East Rutherford, New Jersey 07073
Ch	eck Box(es) that Apply: \square Promoter \square Beneficial Owner \square Executive Officer \square Director \square General and/or Managing Partner
Pro	ll Name (Last name first, if individual) euninger, John
	siness or Residence Address (Number and Street, City, State, Zip Code) Management Dynamics Inc., One Meadowlands Plaza, East Rutherford, New Jersey 07073
Ch	eck Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director ☐ General and/or Managing Partner
Μι	ll Name (Last name first, if individual) Illett, Conor
	siness or Residence Address (Number and Street, City, State, Zip Code) Updata Partners, 125 Half Mile Road, Red Bank, New Jersey 07701
	eck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
	ll Name (Last name first, if individual) Idwell, Donald
	siness or Residence Address (Number and Street, City, State, Zip Code) Cross Atlantic Technology Fund II, L.P., Five Radnor Corporate Center, Ste. 555, 100 Matsonford Road, Radnor, PA 19087
	eck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Wi	ll Name (Last name first, if individual) illiams, Barry
	siness or Residence Address (Number and Street, City, State, Zip Code) Management Dynamics Inc., One Meadowlands Plaza, East Rutherford, New Jersey 07073
Ch	eck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
	ll Name (Last name first, if individual) rentzen, Matthew
	siness or Residence Address (Number and Street, City, State, Zip Code) The Megunticook Fund, 143 Newbury Street, Boston, MA 02116
Ch	eck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
	ll Name (Last name first, if individual) oss Atlantic Technology Fund II, L.P.
	siness or Residence Address (Number and Street, City, State, Zip Code) ve Radnor Corporate Center, Ste. 555, 100 Matsonford Road, Radnor, PA 19087

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A. BASIC IDENTIFICATION DATA					
2. Enter the information requested for the following:					
 Each promoter of the issuer, if the issuer has been organized within the past five years; 					
Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the					
issuer,					
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and					
Each general and managing partner of partnership issuers.					
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner					
Full Name (Last name first, if individual) The Co-Investment 2000 Fund, L.P.					
Business or Residence Address (Number and Street, City, State, Zip Code)					
Five Radnor Corporate Center, Ste. 555, 100 Matsonford Road, Radnor, PA 19087					
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner					
Full Name (Last name first, if individual) NJTC Venture Fund SBIC, L.P.					
Business or Residence Address (Number and Street, City, State, Zip Code) 1001 Briggs Road, Suite 280, Mount Laurel, New Jersey 08054					
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner					
Full Name (Last name first, if individual) Megunticook Fund II, LP					
Business or Residence Address (Number and Street, City, State, Zip Code) 143 Newbury Street, Boston, MA 02116					
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner					
Full Name (Last name first, if individual) Updata Partners III, LP.					
Business or Residence Address (Number and Street, City, State, Zip Code) 2100 Reston Parkway, Suite 430, Reston, Virginia 20191					
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner					
Full Name (Last name first, if individual) Updata Venture Partners II, L.P.					
Business or Residence Address (Number and Street, City, State, Zip Code) 125 Half Mile Road, Red Bank, New Jersey 07701					
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner					
Full Name (Last name first, if individual)					
Business or Residence Address (Number and Street, City, State, Zip Code)					
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner					
Full Name (Last name first, if individual)					
Business or Residence Address (Number and Street, City, State, Zip Code)					

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

					B. INFO	DRMATI	ON ABO	UT OFFE	RING				
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.								Yes	s No ☑				
2. What is the minimum investment that will be accepted from any individual?									N/A	27			
3. Does the offering permit joint ownership of a single unit?										Yes	s No		
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Not applicable.													
Full Name	(Last nam	ne first, if i	ndividual))									
Business of	- Davidone	a Addraga	Alumbor	and Strac	t City St	oto Zin C	ada)						
Business 0	i Kesidelik	Æ Address	(IVIIIIIOCI	and succ	t, City, Su	ite, zip c	oue)						
Name of A	ssociated	Broker or	Dealer:			· · · · · · · · · · · · · · · · · · ·							
States in W (Check "A" [AL]					ends to Sol	icit Purch	asers [DE]	[DC]	[FL]	[GA]	[HI]	[10]	🗆 All States
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Name	(Last nam	ne first, if i	individual)									
Business o	r Residenc	e Address	(Number	and Stree	t, City, Sta	ate, Zip C	ode)						
Name of A	ssociated	Broker or	Dealer										100
States in W					ends to So	licit Purch	asers						D 411 04-4
(Check "A [AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[1D]	□ All States
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]	
[RI]	[SC]	[SD]	[TN]	[XT]	[נדט]	[TV]	[VA]	[WA]	[wvj	[wɪ]	[wý]	[PR]	
Full Name	(Last nan	ne first, if	individual)									
Business o	r Residen	ce Address	s (Number	and Stree	t, City, St	ate, Zip C	ode)						····
N 6 A	1	D. 1	D. 1.				_						
Name of Associated Broker or Dealer													
States in W (Check "A					ends to So	licit Purch	nasers					*	□ All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[D]	rm omes
[IL] [MT] [RI]	[IN] [NE] [SC]	[IA] [NV] [SD]	[KS] [NH] [TN]	[KY] [NJ] [TX]	[LA] [NM] [UT]	[ME] [NY] [VT]	[MD] [NC] [VA]	[MA] [ND] [WA]	[MI] [OH] [WV]	[MN] [OK] [WI]	[MS] [OR] [WY]	[MO] [PA] [PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	-0-	-0-
	Equity	\$16,000,001.68	\$16,000,001.68
	☐ Common ☑ Preferred (Convertible)		
	Convertible Securities (including warrants) (Convertible Promissory Notes)	-0-	-0-
	Partnership Interests.	-0-	-0-
	Other (Specify)	-0-	-0-
	Total	\$16,000,001.68	\$16,000,001.68
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors.	8	\$16,000,001.68
	Non-accredited Investors	-0-	-0-
	Total (for filings under Rule 504 only)		
	Answer also in Appendix, Column 4, if filing under ULOE		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question I.	Type of Security	Dollar Amount Sold
	Type of offering		
	Rule 505		
	Regulation A.		-
	Rule 504		
	Total		
in ma	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities this offering. Exclude amounts relating solely to organization expenses of the issuer. The information ay be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an timate and check the box to the left of the estimate.		
	Transfer Agent's Fees.		-0-
	Printing and Engraving Costs.		-0-
	Legal Fees	abla	\$75,000.00
	Accounting Fees.		-0-
	Engineering Fees		-0-
	Sales Commissions (specify finders' fees separately)		-0-
	Other Expenses (identify):		-0-
	Total		\$75,000.00

C. OFFERING PRICE, NUM	IBER OF INVESTORS, EXPENSES AND U	SE OF P	ROCEEDS		
b. Enter the difference between the aggregate offering p total expenses furnished in response to Part C - Questio proceeds to the issuer."	n 4.a. This difference is the "adjusted gross				\$15,925,001.68
5. Indicate below the amount of the adjusted gross procee of the purposes shown. If the amount for any purpose is rethe left of the estimate. The total of the payments listed may forth in response to Part C - Question 4.b above.	not known, furnish an estimate and check the	box to			
			Payments to Officers, Directors & Affiliates		Payments To Others
Salaries and fees					
Purchase of real estate					
Purchase, rental or leasing and installation of ma	achinery and equipment				
Construction or leasing of plant buildings and fa	acilities				
Acquisition of other businesses (including the v	alue of securities involved in this offering that	t .			
may be used in exchange for the assets or secur	ities of another Issuer pursuant to a merger)			Ø	\$11,233,746.00
Repayment of indebtedness (contingent on suffi	cient funds being raised in offering)				
Working capital				<u> </u>	\$4,691,255.68
Other (specify):					
Column Totals				_ ₫	\$15,925,001.68
Total Payments Listed (column totals add	ed)		Ø		\$15,925,001.68
	D. FEDERAL SIGNATURE				
The issuer has duly caused this notice to be signed by the undersi undertaking by the issuer to furnish to the U.S. Securities and Excacredited investor pursuant to paragraph (b)(2) of Rule 502.				-	4
Issuer (Print or Type): Management Dynamics Inc.	Signature .	Date Octob	er 21, 2005		
Name of Signer (Print or Type): John Preuninger	Title of Signer (Print of Type): President				
					
	ATTENTION				
Intentional misstatements or omissions of fact o	onstitute federal criminal violations.	(See 18	U.S.C. 1001.)		
	6 of 9				